



McANDREWS, HELD & MALLOY
34TH FLOOR
500 WEST MADISON STREET
CHICAGO, ILLINOIS 60661

RECEIVED
CENTRAL FAX CENTER

JUL 03 2006

ARO PLEASE DELIVER RETURN RECEIPT TO
Darlene Long

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

Certificate of Transmission under 37 CFR 1.8

CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

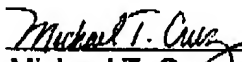
TO:	Examiner Sam K. Ahn Group Art Unit 2637	FAX NO.:	(571) 273-8300
-----	--	----------	----------------

FROM:	Michael T. Cruz	USER ID:	8084
-------	-----------------	----------	------

CLIENT:	01772	MATTER:	16100US02
---------	-------	---------	-----------

Number of Pages This Transmission (Including Cover Page): **22**

I hereby certify that the attached correspondence, including a transmittal form (1 page), a fee transmittal form (1 page, in duplicate), a petition for an extension of time (1 page, in duplicate) and an appeal brief (16 pages), is sent via being facsimile transmission to the United States Patent and Trademark Office on July 3, 2006.


Michael T. Cruz
Reg. No. 44,636

If you have problems receiving this facsimile transmission, please contact the sender at the above telephone number.

PTO/SB/21 (09-04)

Approved for use through 7/31/2006
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/606,924
		Filing Date	June 26, 2003
		First Named Inventor	Pieter van Rooyen
		Art Unit	2637
		Examiner Name	Sam K. Ahn
Total Number of Pages in This Submission	21	Attorney Docket Number	16100US02

 RECEIVED
 CENTRAL FAX CENTER
 JUL 03 2006
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (1 page, in duplicate) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page, in duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) (Appeal Brief - 16 pages) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Michael T. Cruz</i>
Printed Name	Michael T. Cruz, Reg. No. 44,636
Date	July 3, 2006

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile transmission to the United States Patent and Trademark Office at (571) 273-8300 on July 3, 2006.

Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636
Signature	<i>Michael T. Cruz</i>	Date	July 3, 2006

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818) <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2006</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/506,924
		Filing Date	June 26, 2003
		First Named Inventor	Pietor van Rooyen
		Examiner Name	Sam K. Ahn
		Art Unit	2637
TOTAL AMOUNT OF PAYMENT (\$) 620.00		Attorney Docket No.	16100US02

RECEIVED
 CENTRAL FAX CENTER
 JUL 03 2006

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below
 ☐ Charge Fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES	
Application Type	Fees Paid(\$)
Utility	300
Design	200
Plant	200
Reissue	300
Provisional	200

2. EXCESS CLAIM FEES	
Fee Description	Fees Paid(\$)
Each claim over 20 (including Reissues)	50
Each independent claim over 3 (including Reissues)	200
Multiple dependent claims	360

3. APPLICATION SIZE FEE	
Total Sheets	Fee Paid(\$)
-100	-

4. OTHER FEE(S)	
Fee Description	Fee Paid(\$)
Non-English Specification, \$130 fee (no small entity discount)	-
Other (e.g., late filing surcharge): <u>Appeal Brief (\$500); Petition for One-Month Extension of Time (\$120)</u>	620.00

SUBMITTED BY			
Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636
Name (print/type)	Michael T. Cruz	Telephone	(312) 775-8000
		Date	July 3, 2006